

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**National Community Pharmacists Association - PAC**

Full Name (Last, First, Middle Initial)

**A. Darrin W. Silbaugh**

Mailing Address 120 Willow Lake Dr

City

Carlisle

State

PA

Zip Code

17015-9033

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Harrisburg Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

765.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

**Transaction ID : 20150306152318-227**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Troy A. Simons**

Mailing Address PO Box 89

City

Perry

State

OK

Zip Code

73077-0089

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Foster Corner Drug

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 24 / 2015

**Transaction ID : 20150306152318-229**

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**C. Ben Smith**

Mailing Address 8009 EVista Canyon

City

Mesa

State

AZ

Zip Code

85207

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ben's Pharmacy

Occupation

Owner/Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 20 / 2015

**Transaction ID : 20150306152318-231**

Amount of Each Receipt this Period

450.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00